

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

COOK INLET SPORTFISHING CAUCUS

(b) Address (number and street) ☐ check if different than previously reported

6622 LAKEWAY DR.

(c) City, State and ZIP Code

ANCHORAGE ALASKA 99502

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement☒ New

or

Amended

4. Covering Period10 29 2010
through

11 01 2010

5. (a) Date of Public Distribution(s) 10 31 2010 **(b) Communication Title** SPORTFISHERS**6. The filer is a(n):** (a) Individual (b) Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No ☒**8. Custodian of Records**

(a) Name

PAUL CUTLER

(b) Address (number and street)

6622 LAKEWAY DR

(c) City, State and ZIP Code

ANCHORAGE, AK 99502

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

24,990.31

10. Total Disbursements/Obligations This Statement

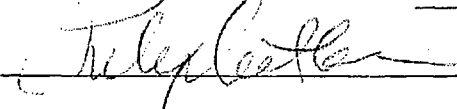
24,990.31

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Philip Cutler

SIGNATURE



DATE

10/31/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A.	(a) Name PAUL CUTLER
	(b) Address (number and street) 6622 LAKEWAY DR
	(c) City, State and ZIP Code ANCHORAGE, AK 99502
	(d) Name of Employer or Principal Place of Business ACCOUNTANT
	(e) Occupation SHAW
B.	(a) Name BRUCE KNOWLES
	(b) Address (number and street) BOX 457
	(c) City, State and ZIP Code WILLOW AK 99688
	(d) Name of Employer or Principal Place of Business RETIRED
	(e) Occupation
C.	(a) Name BOB PENNEY
	(b) Address (number and street) 3620 Penland Parkway
	(c) City, State and ZIP Code ANCHORAGE, AK 99501
	(d) Name of Employer or Principal Place of Business SELF
	(e) Occupation
D.	(a) Name
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business
	(e) Occupation
E.	(a) Name
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business
	(e) Occupation

SCHEDULE 9-A

Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor

Bob PENNEY

Mailing Address of Donor

3620 Portland PKWY

City

State

Zip

ANCHORAGE, AK 99501

Date of Receipt

10/29/2010

Amount

24,990.31

B. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

C. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

D. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional) ▶

24,990.31

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

24,990.31

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee COOK INLET SPORTFISHING CABEWS				Date of Disbursement or Obligation 10 31 2010	
Mailing Address of Payee 6622 Lakeway Dr.				Amount 24,990.31	
City ANCHORAGE		State AK		Zip Code 99502	
Name of Employer Occupation				Communication Date 10 31 2010	
Purpose of Disbursement (Including title(s) of communication(s)) PRINT AD					
Name of Federal Candidate LISA MURKOWSKI		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: AK District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee					
Mailing Address of Payee				Date of Disbursement or Obligation	
City State Zip Code				Amount	
Name of Employer Occupation				Communication Date	
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				24,990.31	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				24,990.31	

Federal Election Commission
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<input type="checkbox"/> No Postmark	
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